

**Monthly Fluoride Report**  
**System Type - Fluoride Systems**

**System Information**

Treatment plant/pump station:   
 Fluoride Chemical Used:

System Name:

PWSID#:

Reporting period:

Notes:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Fluoride**

Date	Mgals pumped	Amount of Fluoride Used	Daily Residual	Theoretical Calculation
units:	Mgals			
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				
<b>Avg</b>				
<b>Min</b>				
<b>Max</b>				
<b>Total</b>				

Systems that **don't** use the state lab need to report their **distribution system** certified lab results here.

Date	Location in the distribution system	Result mg/L